



## SAFEGUARDING INCIDENT REPORT FORM

In the event of a Safeguarding incident, the following procedure should be followed (for incidents that do not involve Children, please use the standard Incident Report Form SCF 003):

- Contact Emergency Services/Relevant Authorities if required;
- For all safeguarding incidents, complete two copies of this form, keep one copy of the form in the incident book and forward one copy to organisation's secretary;

Organisation Information(Club/County/Region/Academy/Tournament etc)	
Organisation Name:	
Your name:	Position:
Address	
Tel No:	Mob:
E-mail:	

Child/Young Persons Details			
Child's Name:	Date of Birth	Ethnic Origin	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Carer's Name:			
Address			
Tel No:		Mob:	
Email:			
Have Parents/Carers been notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details of what was said:		

Whose concerns are being reported?	
Are you reporting your own concerns or responding to concerns raised by someone else?	
My own concerns <input type="checkbox"/> Someone else's concerns <input type="checkbox"/>	If someone else's concerns, their details:
	Name:
	Relationship to the child:
	Position in club:
	Contact details:

Person(s) involved in the incident or alleged to have caused the incident:			
Name:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:			
Telephone Number:		Mobile:	
E-mail address:		Position in Club:	

Appendix M to the Archery GB Safeguarding Children and Young People Policy  
SCF 04 – Safeguarding Incident Report Form

<b>Incident Information:</b>	
What Happened?	
Where did it happen? (location and address):	
How did it Happen?	
When did it happen? (time and date)	
When was it reported? (time and date)	
Who was it reported to?	Tel No:
Who was it reported by?	Tel No:
Any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Witness name and contact details:
	Witness 1:
	Witness 2:
Has the incident been reported to any external agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which Agency was it reported to?
	When was it reported? (time & date):
	Who reported it? (name & contact details):
	Agreed actions/Advice given:
Child/Young Persons Account of Incident: (In their own words)	

Actions taken and Follow Up Actions	
Actions taken and Recommended follow up action:	
Club/County/Region Secretary informed?  Yes <input type="checkbox"/> No <input type="checkbox"/>	When? (time & date):
	By Whom? (name & contact details):
Archery GB Membership Services informed?  Yes <input type="checkbox"/> No <input type="checkbox"/>	When? (time & date):
	By Whom? (name & contact details):
Have those involved returned to the sport?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, why not?
	Is further action required to encourage them back into the sport?

Additional Information

Individual Completing the Form			
Signature	Print Name	Position	Date
Organisation Official (Committee Member)			
Signature	Print Name	Position	Date



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